



Governor Brian Schweitzer

Montana

Department of Labor and Industry

Business Standards Division

STATEMENT ON SCOPE OF TASKS FOR EMERGENCY MEDICAL TECHNICIANS EMPLOYED IN OTHER THAN PRE-HOSPITAL SETTINGS

The Montana Board of Medical Examiners has been asked whether an Emergency Medical Technician who is employed in an in-hospital setting may perform acts beyond the level of his or her EMT Certification under orders from the EMT's employer, without jeopardizing the EMT's certification. ["(1) The certification of an EMT-basic, EMT-defibrillation or an EMT-advanced may be suspended or revoked if the EMT: . . . performs acts in excess of those allowed at his/her level of certification." Administrative Rules of Montana, Rule 24.156.2701(i)].

An EMT's practice is, by statute, limited to the pre-hospital scene. Section 50-6-201, Montana Code Annotated. Some Montana hospitals, however, recognizing the skills and training of the certified EMT, have begun to employ EMTs in the hospital emergency room and other in-hospital settings. Typically, the facility lists EMT-certification as a criterion for employment, then trains the person in such additional skills and techniques as may be necessary to perform the in-hospital job, e.g., phlebotomy. The facility may call the employee an "emergency department technician" or "emergency room assistant." Such employment practices are cost-effective for the facilities because they can send the employee out to the scene of an accident on an emergency call as a fully-certified EMT, and, when the run is completed, can use the same employee for routine in-hospital tasks instead of having to employ an additional unlicensed person for those tasks.

The Board's jurisdiction in this matter extends to the certification and conduct of Emergency Medical Technician when that person is acting in the capacity of an EMT. Hence, the various levels of EMT-certification (EMT-Basic, EMT-Defibrillation, EMT-Intermediate, and EMT-Paramedic) reflect different levels of education and training required by administrative rules, which have been promulgated by the Board. When the EMT is providing pre-hospital care at the scene of an accident, the EMT must confine his or her practice to the tasks allowed under the EMT's level of certification; in such a contest, the Board has the obligation to protect the public by ensuring that the individual EMT has been trained according to the rules, has passed the examination required by rule, and otherwise meets the certification requirements.

Certification as an EMT, however, does not preclude the certified person from pursuing other employment in the health care field, undertaking additional training, and exercising additional skills acquired from non-EMT sources, in a non-EMT context. When a hospital employs a person to perform non-EMT tasks, on-site in the hospital's facility, the hospital undertakes the responsibility to educate, train, and monitor the person's performance, rather than the Board. The EMT who performs such non-EMT tasks in a hospital setting may not use the title associated with pre-hospital licensure (EMT, EMT-Basic, EMT-Intermediate, EMT-P, EMT-Paramedic or Paramedic). Under these circumstances, the ability and obligation to protect the public passes from the Board to the employing facility, at least until the EMT's next out-of-hospital run.

The Board recognizes that a geographical determination (“Where was the EMT, on a run or in the hospital/”_ may oversimplify the issues in a given case, and the Board will treat complaints and questions on a case-by=case basis when presented to the Board. However it is the Board’s position that exercising skills or performing tasks beyond the scope of a person’s EMT-certification, when so required by the person’s employer **in a non-EMT setting**, does not constitute a **per se** violation of ARM Rule 24.156.2701(i).

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